

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 016756888	FILING DATE 01/29/00							
							APPLICANT(S)								
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.		IND.	DEP.
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TOTAL IND.	11							TOTAL IND.	2						
TOTAL DEP.	39							TOTAL DEP.	8						
TOTAL CLAIMS	50							TOTAL CLAIMS	10						

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